Attachment 1

California Regional Water Quality Control Board North Coast Region

Compliance Self-Evaluation Form for Monitoring and Reporting Program No. R1-2003-0119

> Issued to Scotia Pacific Company, LLC and Pacific Lumber Company

Regarding Winter Activities Within the Freshwater Creek Watershed

This form fulfills Item IV.C. in the MRP, and documents compliance with provisions of Board Order Number R1-2003-0119 and the Reports of Waste Discharge (ROWDs) submitted by the Pacific Lumber Company for winter activities (2002-03 and 2003-04) in the Freshwater Creek watershed.

REPORTING PERIOD (check a season and fill in year):

Spring _____
Summer ____
Fall ____
Winter ____.

WASTE DISCHARGE REQUIREMENT PROVISIONS:

A. Copies of Order

Are copies of Board Order Number R1-2003-0119 maintained and appropriate business office(s) and field location(s) so as to be readily available for reference by any personnel at all times?

YES ____ NO __

If YES, please specify locations where copies are maintained. If NO, please indicate reason for noncompliance and indicate date when compliance will be achieved.

C.	Operation	and	Maintenance
\sim .	Operation	alla	1,10111001101100

YES	$S \square NO \square$
If N	O, please indicate reason(s) and proposed date to achieve compliance.
Unp	planned Change in Discharge
	re there been any unplanned changes in discharge over the reporting period (e.g., s
lanc	Islides, etc.)?
land YES	
YES If Y	
YES	S NO ES, please indicate nature of unplanned change(s) in discharge, date of occurrence
YES	ES, please indicate nature of unplanned change(s) in discharge, date of occurrence (s) of Regional Water Board notification.
YES	ES, please indicate nature of unplanned change(s) in discharge, date of occurrence (s) of Regional Water Board notification. accompliance Have there been any events which have caused an inability to comply with the

2.	Have there been any instances in which II. Discharge Standards and Objectives I have been exceeded during the installation of a necessary pollution control facility such as a bridge, culvert, energy dissipation device, or erosion control device?
	YES \square NO \square
	If YES, please list location(s), reason(s), and duration(s), below.
Herl	picide or Pesticide Use Notification
2003	e herbicides or pesticides been used on the lands covered by Board Order Number R1-3-0027 during the reporting period (for any portion of the period between October 15 May 1?
YES	\Box NO \Box
	ES, please list type(s) used, date(s) used, location(s) applied, and date(s) of Regional er Board notification.
Othe	er Applicable Laws and Regulations
activ	e violation notices, orders, letters, etc. been issued by any governmental agency for vities conducted on the lands covered by Board Order Number R1-2003-0119 during reporting period?
YES	$S \square$ NO \square
	ES, please list agency(ies), type(s) of notification(s), and date(s) of notification(s) w and attach copies of any written notification(s).
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O.	Non-Sediment Wastes
	Have any types of pollutants other than sediment been identified that may be discharged to receiving waters?
	YES \square NO \square
	If YES, please list type(s) of pollutants, date(s) identified, and date(s) of Regional Water Board notification(s).
P.	Emergency Discharges
	Have there been any discharges or flows from health and safety emergencies over the reporting period?
	YES \square NO \square
	If YES, please list date(s) of discharge(s), nature(s) of discharge(s), and date(s) of Regional Water Board notification(s).
Q.	Activity Commencement and Conclusion Notifications
	Have startup and conclusion notifications been provided to Regional Water Board staff for all activities in individual THP units during the reporting period?
	YES \square NO \square
	If NO, please list instances (date(s), THP number(s), unit number(s)) and date(s) of Regional Water Board notification(s).

R.	Training	/Education	for Staff	and	Contractors
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 Are all personnel and contractors whose decisions or activities could affect storm water quality familiar with the contents of Board Order Number R1-2003-000119.
YES \square NO \square
If NO, please indicate reason(s) and proposed date by which compliance will be achieved.
2. Is there a training program in place for employees whose activities may affect storm water discharges or who are responsible for inspecting/ monitoring discharges?
YES □ NO □
If NO, please indicate reason(s) and proposed date by which compliance will be achieved.
3. Is there a training program in place for contractors to raise their awareness of the problems and causes of stormwater pollution?
YES □ NO □
If NO, please indicate reason(s) and proposed date by which compliance will be achieved.

REPORT OF WASTE DISCHARGE INSPECTION PROGRAM

1.	Areas of bare soil 1,000 square feet or larger, or where a potential sediment discharge will occur.
	Have any such areas been identified during the reporting period?
	YES \square NO \square
	If YES, please indicate location(s), date(s) identified, remedial action(s) taken, and current status (alternatively, indicate site number or other identifier below and attach a copy of pertinent log sheet(s) or form(s).
2.	Sensitive Segments
	Have any "sensitive segments" been identified during the reporting period?
	YES \square NO \square
	If YES, please indicate location(s), date(s) identified, remedial action(s) taken, and current status (alternatively, indicate site number or other identifier below and attach a copy of pertinent log sheet(s) or form(s).
3.	Drainage Facilities that could Potentially Discharge Sediment to Receiving Waters?
	Have any such areas been identified during the reporting period?
	YES \square NO \square
	If YES, please indicate location(s), date(s) identified, remedial action(s) taken, and current status (alternatively, indicate site number or other identifier below and attach a copy of pertinent log sheet(s) or form(s).

ŀ	Erosion or Sediment Control Devices
I	Have any such devices been installed during the reporting period?
1	YES NO
C	f YES, please indicate location(s), type(s) of devices installed, date(s) installed, and current status (alternatively, indicate site number or other identifier below and attach a copy of pertinent log sheet(s) or form(s).
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	Areas Where Site Conditions Suggest Actions Necessary to Prevent Degradation of Water Quality
ŀ	Have any such areas been identified during the reporting period?
Ŋ	YES NO
S	f YES, please indicate location(s), date(s) identified, remedial action(s) taken, and current tatus (alternatively, indicate site number or other identifier below and attach a copy of pertinent log sheet(s) or form(s).
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r t t	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."
	SIGNED:
	TITLE:
	DATE: